

ACT State Testing Back-up Test Supervisor Profile

Complete this form **ONLY** if you are **replacing** the previously named Back-up Test Supervisor. **Do NOT complete this form if you are a room supervisor or proctor.**

ACT HIGH SCHOOL CODE:
(for testing school)

				-				
--	--	--	--	---	--	--	--	--

Please complete every item on this profile and sign below.

BACK-UP TEST SUPERVISOR INFORMATION

The Back-up Test Supervisor assumes the responsibilities when the Test Supervisor is unable to supervise the administration. The Back-up Test Supervisor is encouraged to actively assist the Test Supervisor prior to and on test day.

Name: _____

Job Title: _____

School Name: _____

Work Phone: _____

Home Phone: _____

(Will be used for follow-up on missing test materials, if needed)

Cell Phone: _____

Fax Number: _____

Do we need to call before sending a fax? ☐ YES ☐ NO

E-mail Address: _____

(Required)

Highest Education Level/Degree Attained (check one):

☐ High School

☐ Master's

☐ Associate

☐ Doctorate

☐ Bachelor's

☐ Professional

Current Job Responsibilities (check all that apply):

☐ Teaching

☐ Academic Administration

☐ Athletic Coaching

☐ Clerical Support

☐ Counseling/Advising

☐ Standardized Testing

☐ Test Preparation Classes

☐ Other _____

Prior Standardized Testing Experience (check all that apply):

☐ Primary/Secondary School Assessments

☐ College Admissions/Assessments

☐ Professional/Graduate School Admissions

☐ Professional Certification/Licensure

☐ Computer-Based Testing

City, State: _____

List the standardized examinations you have administered most recently and the year(s) of administration. Circle your position (TS=test supervisor, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
_____	_____	TS RS P
_____	_____	TS RS P
_____	_____	TS RS P

Number of test administrations you conduct per year:

☐ 1-2

☐ 3-5

☐ 6-10

☐ More than 10

Total number of years testing experience: _____

BACK-UP TEST SUPERVISOR'S AGREEMENT

I certify that I meet the required qualifications and will personally carry out the responsibilities of Back-up Test Supervisor at this school for Spring 2010.

I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures. I understand and agree that during my term as supervisor, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies, including all those listed in the *ACT Supervisor's Manual*.

SIGNATURE

DATE